

Case Number:	CM15-0211259		
Date Assigned:	10/30/2015	Date of Injury:	08/14/2013
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old male who sustained an industrial injury on 08-14-2013. Medical records indicated the worker was treated for headaches and lumbar spine pain, and status post coccyx fracture. In the progress notes of 07-30-2015, the worker was seen for complaint of constant headaches rated a 7 on a scale of 0-10, constant low back and coccyx pain rated a 6 on a scale of 0-10, and occasional right knee pain rated a 2 on a scale of 0-10. He reports rare bilateral hip pain with increased activities. He is taking Norco which provides functional improvement. His working diagnoses included closed head injury with history of intracranial bleeding, temporomandibular joint syndrome secondary to jaw lash, migraine and tension headaches, and depression. His headaches had been treated with Maxalt which he reported helped. A physical examination revealed an antalgic gait, lumbar spine tenderness and spasms, and lumbar range of motion was slightly decreased in all planes. His right knee has flexion 120 degrees with extension of 0 degrees and patellar grinding. He has tenderness along the lateral joint line. The diagnoses are Headache, lumbago, and status post coccyx fracture. The treatment plan included Norco (since at least 03-19-2015) and a home exercise program. A request for authorization was submitted for Norco 10/325 mg #60. A utilization review decision 10-22-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 28 year old patient complains of headaches, rated at 6/10; low back and coccyx pain, rated at 6/10, right knee pain, rated at 2/10; and occasional bilateral hip pain; as per progress report dated 08/11/15. The request is for Norco 10/325 mg #60. The RFA for this case is dated 10/15/15, and the patient's date of injury is 08/14/13. Diagnoses, as per progress report dated 08/11/15, included headaches, and lumbar spine pain. The patient is status post coccyx fracture. The patient has been diagnosed with temporomandibular joint disorder, as per progress report dated 08/26/15. Diagnoses, as per neurology report dated 08/19/15, also included closed head injury with history of intracranial bleeding, migraine and tension headaches, depression and chronic pain. Medications, as per this report, include Seroquel and Maxalt. The patient has been allowed to return to full duty, as per progress report dated 08/16/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, Norco is first noted in progress report dated 01/20/15. It is not clear when the opioid was initiated. As per progress report dated 08/11/15, Norco is being prescribed for moderate to severe pain and it does provide functional improvement. As per progress report dated 05/13/15, Norco helps the patient sit stand and walk longer. As per progress report dated 01/20/15, the patient's pain is 7-8/10 with medications and 8/10 without medications. This impact on pain does not appear significant. Additionally, the treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." While UDS report dated 08/12/15 appears consistent, and the progress report dated 01/20/15 states that the medication has no side effects; no CURES report was provided to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.